

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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50			1					
TOTAL IND.			2					
TOTAL DEP.			16					
TOTAL CLAIMS			18					

	AS FILED		AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT		IND.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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